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APPLICANTS

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** CONTINUING DATA *none - RDS*** FOREIGN APPLICATIONS *none - RDS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met-after Allowance	MN	12	43	3
Verified and Acknowledged	<i>Roy D. Gibson</i> Examiner's Signature	Initials			

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TITLE

Irrigated focal ablation tip

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